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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	ACT/US2004/03863L
Filing Date	12/17/2004
First Named Inventor	Cikman
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	Presumed Invention

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Michael L. Antoline	40,488

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael L. Antoline		
Address	One East Main Street One Main Plaza Suite 212		
City	Champaign	State	IL Zip 61820
Country	USA		
Telephone	217.252.4343	Email	MANTOLINE@mantoline.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature	<i>Todd Cikman</i>	Date	5/2/2006
Name	Todd Cikman	Telephone	217.398.3490
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes application form to the USPTO. Time will vary depending upon the individual case. Any suggestions for reducing this burden, should be sent to the Chief Information Officer, Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED P.O. Box 1450, Alexandria, VA 22313-1450.

ED 336464644 US

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	PCT/US2004/038636
Filing Date	12 Nov. 2004
First Named Inventor	Coleman
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	Assigned Intube

I hereby revoke all previous powers of attorney given in the above-identified application.

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OR

☒ Practitioner(s) named below:

Name	Registration Number
Michael L. Antoline	40,488

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael L. Antoline		
Address	ONE East Main St. One Main Plaza Suite 212		
City	Champaign	State	IL Zip 61820
Country	USA		
Telephone	217.352.4343	Email	MANTOLINE@mantoline.com

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature	Dennis Coleman	Date	5/2/2006
Name	DENNIS COLEMAN	Telephone	217 352 3490
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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